

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90209 013 ***150.00

DOCUMENT # P02000080406

1. Entity Name
R. M. DOSS, INC.



Principal Place of Business
**331 N.E. 33RD AVENUE
SUITE A
GAINESVILLE FL 32609
US**

Mailing Address
**331 N.E. 33RD AVENUE
SUITE A
GAINESVILLE FL 32609
US**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3861081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DOSS, RONALD L
4128 N.W. 18TH DRIVE
GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DOSS, RONALD L**
STREET ADDRESS **4128 N.W. 18TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **P.S** ☐ Delete
NAME **DOSS, RONALD L**
STREET ADDRESS **4128 N.W. 18TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☐ Delete
NAME **NEUMEYER, JANICE**
STREET ADDRESS **7073 PINE BAY BLVD.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **VP,T** ☐ Delete
NAME **NEUMEYER, JANICE**
STREET ADDRESS **7073 PINE BAY BLVD.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOSS

4-9-03

Date

Daytime Phone #

CR2E034 (10/02)